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CONTENTS.

Original Communications—

Cases Treated at the Woman's Hospital of the State of Illinois. By Mrs. J. G. Brown, Resident Physician.....	241
Luxation of Humerus from Muscular Contraction. By A. H. Salisbury, M.D.	242

Clinical Reports—

Clinical Lecture on some of the Anomalous Phenomena Complicating Cases of Typhoid and Typho-Malarial Fevers. By N. S. Davis, Prof. of Practical and Clinical Medicine in the Chi. Med. Coll. and Mercy Hospital....	243
---	-----

Editorial—

How Not To, and Why.....	247
Errata.....	249

Society Reports—

Wisconsin State Medical Society.....	249
--------------------------------------	-----

Gleanings from Our Exchanges—

Blindness and Deafness in Consequence of Epidemic Cerebro-Spinal Meningitis. By H. Knapp, M.D.	251
Pleuritic Effusions in Children.....	252
Pleuritic Effusions Treated by Drainage; India-Rubber Cloth in Diseases of the Skin; Vital Temperature.....	254
Indigestion and its Management; Blue Light as an Organic Stimulant; The Treatment of Pleurisy	255
Antiphlogistics in Myelitis; A New Theory of Asthma: Lady Medical Students	256

Book Reviews.....

Money Receipts to Sept. 1st	256
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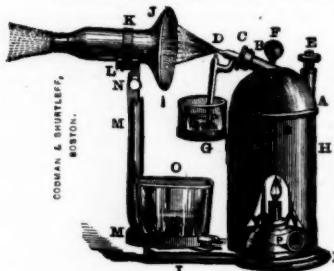


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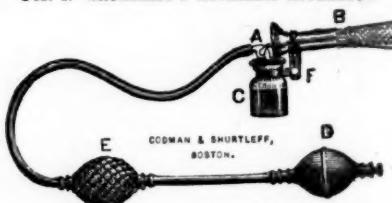
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The Summer Session will consist of two Recitation Terms; the first from March 17th to July 1st, and the second, from September 1st to the opening of the Regular Session. During this Session there will be daily recitations in all the departments, held by a corps of examiners appointed by the Regular Faculty. Regular clinics will also be held daily.

FEES FOR THE REGULAR SESSION.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures... \$140 00

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Demonstrator's Ticket (including material for dissection) 10 00

Graduation Fee... 30 00

FEES FOR THE SUMMER SESSION.

Matriculation (Ticket good for the following Winter)... \$5 00

Recitations and Clinics... 35 00

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The regular Annual Lecture Term in this Institution will commence on the first Monday in October, and continue until the second Tuesday in March following. Clinical Lectures *daily* throughout the term.

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SESSION OF 1872-73.

PRELIMINARY TERM will commence October 9th, and continue until the opening of the regular term.

THE REGULAR SESSION will commence October 23d, 1872, and continue until the first Wednesday of March, 1873.

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Original Communications.

CASES TREATED AT THE WOMAN'S HOSPITAL OF THE STATE OF ILLINOIS.

REPORTED BY MRS. J. G. BROWN, RESIDENT PHYSICIAN.

CASE I. *Chlorosis complicated with dysmenorrhœa and leucorrhœa.*

K. L., aged twenty years; unmarried; was admitted February 10, 1872. She is a slight, pale woman, but never had any serious illness until about three months ago. Menstruation commenced at the age of fourteen, and continued normal in all respects to December last. Since that time the flow has rapidly diminished, and now is not more than one-fourth its usual amount. The discharge is accompanied by extreme pain, which is referred to the lumbar and pelvic regions. In the intervals she has a copious leucorrhœal discharge. Her general aspect is feeble, and her complexion waxy and pallid, with a slight tinge of green. Her appetite is irregular; bowels constipated. She has occasional attacks of palpitation of the heart on making any exertion. There is also a condition of extreme nervous disquietude. Auscultation fails to reveal any organic disease of the heart.

The patient is one of the many whose circumstances have been changed by the great fire of last October. Since that event her hygienic surroundings have been of the worst character. Her home has been with a kind-hearted, indigent woman, into whose house three things essential to health, namely, nourishing diet, pure air and sunshine, never come. These were provided for her, and she was ordered to take ten-drop doses of the tincture of the chloride of iron four times daily. She was likewise ordered to have very warm sitz baths every second day, and to use an astringent vaginal lotion daily. Her bowels were to be kept regular by means of mild aperients and enemata.

March 6th. In every respect she is improved. Her bowels are regular, and appetite good. Her color has greatly improved.

Her tongue is slightly furred, and she has diurnal headache. Sulphate of quinia is added to the iron, and she is to continue the rest of the treatment.

May 8th. Has so far regained her health as to be able to resume work, and is discharged.

Remarks: This case shows how rapidly bad hygienic influences, combined with the depressing effects of misfortune, may affect the health unfavorably. The patient, although not robust, had yet always been in fair health, but three months of life in a tainted atmosphere, with no conveniences for bodily cleanliness, had been sufficient to bring on serious general and local disorder. It also shows the rapidly beneficial effects of restorative medicine in such cases, when combined with proper attention to hygienic measures.

CASE II. *Obstinate Pruritus of the Vulva successfully treated by the Sulpho-Carbolate of Zinc.*

Mrs. H. L., aged 39 years, was admitted June 5, 1872. She commenced menstruating at the age of fifteen, the discharge being irregular, profuse, and attended with extreme pain, down to the time of her marriage, at the age of twenty-three. She is the mother of six children, the youngest being eighteen months old.

An examination revealed the existence of chronic endometritis, with extensive granular ulceration of the cervix uteri, and an abundant leucorrhœa. There was also an abscess in the right axilla, and another in the left groin. The bowels were constipated; the urine highly colored and scanty, but voided without pain or difficulty.

Notwithstanding her body seemed such a "Pandora's Box," she was insensible to all except the pruritis. This was described by her as far more terrible than any pain, being aggravated towards evening, and filling her nights with misery, and her days with dread of their return. It was for this only that she sought relief.

The cause of the pruritis was not quite clear. A slight papular eruption was visible

about the parts, but this seemed dependent upon the use of some irritating applications that had been employed to allay the itching, since it disappeared on their withdrawal. It was probably produced by the acrid discharges from the inflamed uterus. This appeared more likely from the fact that when the leucorrhœal discharge was kept from the parts by protecting the latter with unctuous substances, syringing the vagina frequently, and the use of a tampon of cotton, saturated with glycerine, her sufferings were mitigated, although not wholly relieved.

Appropriate treatment was addressed to the general condition of the patient, and Dr. Jackson advised the use of a solution of the sulpho-carbolate of zinc as a local application for the pruritis. The vulva, after being thoroughly bathed with tepid water, was washed twice daily with a solution containing half a drachm to the ounce of distilled water, the parts being allowed to dry without wiping. She was much improved at the end of a week. During the second week the application was made once daily, on retiring at night. At the end of the third week the patient was summoned to Wisconsin by a death in her family, and at the time of leaving the hospital the pruritis was wholly relieved. Recent intelligence from her assures us that there has been no return, except a slight irritation during menstruation.

The sulpho-carbolate of zinc has been used in several other similar cases, and always with good results.

CASE III. *Amenorrhœa from undersized uterus.*

M. G., aged 32, was admitted June 5th, 1872. She has been married six years and has never conceived. Her habit is spare, and she has a weary, worn look, and a sallow complexion. The catamenia appeared at fourteen, and was natural until the time of her marriage. Since that time the flow has steadily diminished, until latterly it has amounted to only a few drops.

On examination, the uterus was found considerably under size, the cervix small and pointed, and the os so small as barely to ad-

mit the smallest uterine probe. From this latter there exuded a glairy, tenacious discharge. There was considerable leucorrhœa, both vaginal and uterine.

The treatment consisted in means calculated to induce uterine congestion and development. The cervix was painted freely with Churchill's tincture of iodine, and its canal slowly dilated by means of tents and the uterine dilator. Tepid sitz baths, and stimulating vaginal injections were used daily. She also took small doses of the syrup of the iodide of iron, three times daily, during the fortnight preceding the menstrual period.

Mrs. G. has now passed the third period since the above treatment was instituted. The uterus has become perceptibly larger, the menstrual flow has returned to its normal quantity, and her general health is greatly improved.

◆◆◆◆◆

**LUXATION OF HUMERUS FROM
MUSCULAR CONTRACTION.**

BY A. H. SALISBURY, M.D., MAZOMANIE, WIS.

Editors Medical Examiner:—Allow me to report a case coming under my observation, not so much for its value, but because it is somewhat unique.

Mr. G. T.—, a strong, muscular man, well formed; weight over two hundred pounds; age about forty; complexion dark; has for the last two years been subject to epileptic convulsions, at intervals of two or three months. In December last he had an attack after which he complained of a lameness in the right shoulder, but which disappeared in a few days.

April 19. I was called in the night. When I reached his house, the paroxysm was over, and I found him sitting up in bed nursing his right arm, and complaining of pain in the right shoulder. He had gone to bed about twelve o'clock, and after lying on his back for a few minutes, turned upon his left side, when the attack immediately came on, the muscles of the right side contracting strongly. The pain not subsiding, I administered morphine and chloral hydrate, and after a short time, injected morphine subcutaneously.

This quieted the pain and he went to sleep and slept most of the next day and night. I made no examination, for I supposed the pain arose from the same cause as in the previous attack—to violent muscular contraction.

April 21. When I called he was up and dressed, but said the pain in the shoulder still troubled him. I suggested an examination, but as he did not seem disposed, I ordered some anodyne liniment and left him.

On the 22d, being no better, I insisted upon an examination, and upon uncovering the shoulder, found a backward dislocation of humerus, the head resting on the dorsum scapulae. By using slight extension and a little manipulation, the head slipped into place with a snap, giving my patient instant relief. He has had one attack since, but no trouble of this kind.

Clinical Reports.

CLINICAL LECTURE ON SOME OF THE ANOMALOUS PHENOMENA COMPLICATING CASES OF TYPHOID AND TYPHO-MALARIAL FEVERS.

BY N. S. DAVIS, PROF. OF PRACTICAL AND CLINICAL MEDICINE IN CHICAGO MEDICAL COLLEGE AND MERCY HOSPITAL.

Gentlemen: The patient before you is a laboring man, aged about 36 years, a native of Canada, and a resident of this city only a few months.

About one week since he called at my office for advice. His expression of countenance was dull; face moderately flushed; skin dry and warmer than natural; pulse about 90 per minute and soft; respiration natural; tongue covered with a dirty white fur, thicker along the median line; mouth moist; thirst moderate; no appetite; bowels slightly relaxed; and complained of dull pain in the head, back and limbs, with swimming or giddiness in walking; and a great sense of muscular weakness. These symptoms had been gradually developing for three or four days, and clearly indicated the forming stage of typhoid fever, he was directed to go home and keep quiet, take only light food, and for medicine, ten

grains of sulphite of soda with eight drops of tincture of gelsemin, every four hours, and a pill containing three grains of quinine and one of blue mass every morning. Two days later a message was left at the office, and Dr. F. H. Davis visited him at his boarding house in Charles street. He found the patient presenting all the ordinary symptoms of typhoid fever, except in relation to the skin, which, instead of being dry, was thoroughly wet with perspiration. Owing to the relaxation of the skin, and some looseness of the bowels, he directed the quinine without the blue mass to be given three times a day, and instead of the sulphite of soda solution, gave an emulsion containing oil of turpentine and tincture of opium. About 48 hours later I saw him in consultation. His skin was still wet with perspiration; his countenance dull, with dryness of the lips and mouth as in ordinary typhoid fever; mind dull, but not wandering; pulse small, weak, and 120 per minute; respiration nearly natural; urine scanty, and passed with some pain; three or four thin evacuations from the bowels had occurred during the preceding twelve hours; and he was complaining of extreme pain in the region of the lower end of the fibula of the right leg. There was no swelling, no redness, no visible change in the appearance of the leg, except it was paler, or more bloodless, and entirely cold. The coldness was as perfect as though the limb was dead. We could find no pulsation either in the femoral or posterior tibial arteries. All the extremities were cool, and the patient looked very depressed. He was living in a very damp, badly ventilated place, entirely below the level of the street. He was directed powders of sulphate of quinine and morphine, both to relieve the severity of his pains and prevent further intestinal discharges, and dry warmth to the extremities.

In looking at the patient as he lay in his low, damp room, with feeble pulse, cool extremities, relaxed skin, and copious intestinal discharges, the question came up in the mind whether we had a case of pernicious chill, or, as it is more generally termed, congestive intermittent. But the quiet, dull expression of

countenance; the absence of paroxysms of restlessness and tossing; the quiet respiration; and the marked disparity in the temperature of the lower extremities, served to negative the idea of a chill of any kind; and the conviction was forced upon me that some serious mechanical obstruction existed in the arteries supplying the right leg. The cardiac sounds were natural in rhythm, but weak. This fact, with the quiet breathing, led to the conclusion that the obstruction was in the iliac or femoral artery, rather than in the heart or lungs; and as there was no tumor discernable in the abdomen or groin, it was presumed that the obstruction was from emboli or fibrinous clots. The next day the attending physician, finding him no better, advised his removal to the hospital, which was done yesterday.

If you examine the present condition of the patient, you still see a dull typhoid expression of countenance; the upper lip is retracted; the exposed parts of the teeth are dry; the tongue coated; the skin dry, but not hot; respiration natural; pulse soft, weak and 115 per minute; abdomen soft; bowels moved three or four times in the twenty-four hours; urine scanty; and both lower extremities cold. The left retains some warmth in the upper part of the thigh, but all below the knee is cold and pale. The right leg is cold throughout, and mottled with purple spots from the foot to the knee, showing commencing gangrene. But there is no swelling and no paralysis, as he moves both limbs at will. This is a very unusual case. A laboring man, in the early period of vigorous manhood, residing in the city only a few months, and boarding in a low, badly ventilated place, is attacked with the ordinary symptoms of typhoid fever, and in four or five days suddenly loses all circulation in the right extremity, which progresses to the development of dry gangrene, and in two or three days more the same state of things takes place in the left. It would seem from the progress of the coldness and arrest of circulation, that complete obstruction occurred first in either the external or common iliac artery of the right side, and gradually extended upward to the abdominal aorta, and to the common iliac of

the left side, thus completely interrupting the circulation to both lower extremities.

That the obstruction is in the arterial trunks is evident from the fact that there is no swelling or œdema of the limbs. If the venous trunks were obstructed, the blood would continue to flow into the limbs through the arteries, but not returning through the obstructed veins, its accumulation would necessarily be speedily followed by swelling and more or less serous infiltration into the tissues. You see, however, the reverse of all this in the present case. But what is the nature of the obstruction in the arteries? The absence of all signs of cardiac and pulmonary disease, and also the entire freedom from any abdominal tumors, leaves us only the emboli or fibrinous clots as the probable cause of interrupting the flow of blood to the lower extremities. That the fibrin and perhaps more or less of the albumen of the blood, does sometimes spontaneously solidify forming masses or emboli of greater or less size, which are capable of lodging either in the cavities of the heart or in the blood vessels, and thereby mechanically obstructing the circulation, is a fact familiar to the profession. The exact pathological condition of the blood, which favors or gives rise to such solidification, however, is not well understood. The subject is one that needs an additional amount of careful study, more especially by adding microscopic and chemical analysis to our clinical observations. The latter, so far as my experience goes, appears to show that the formation of emboli occurs chiefly in patients with impaired vital activity or molecular change, with accompanying circumstances such as would favor deficiency of free salts in the blood. It is generally conceded that the albumen, and probably also the fibrine of the blood, is held in solution in the living body by the free alkaline salts, more especially soda and ammonia. Let us see whether these views will aid us in unravelling the pathology of the case before us. The patient is a laboring man who, at work in the heat of summer, had, for two or three weeks previous to being taken down sick, drank profusely of water and more or less of

beer and ale. At my first interview with him he acknowledged that he had drank two or three quarts of fluids per day, and had sweat correspondingly profuse. A little reflection will show you how rapidly the composition of the blood must change in some important respects by such a process. All know that perspiration contains a notable quantity of saline matter, especially salts of soda; while neither water nor the beer drank supplied these elements. Hence his excessive drinking and consequent excessive perspiration, rapidly exhausted the free alkaline salts, and left these solvents of the albumen and fibrine deficient in the blood. But the evil did not stop here. A normal proportion of saline matter in the blood is necessary to give it the capacity for absorbing and holding the oxygen gas furnished in the air cells of the lungs, or in other words, to render complete the change from venous to arterial blood. This defective arterialization resulted in diminished innervation, muscular weakness, a leaden hue of the lips, a soft weak pulse, and feelings of decided general debility. Add to these, board and lodging in damp, ill-ventilated apartments with the accompanying impurities of a city atmosphere, and you have a fair view of the influences that were at work effecting the important pathological changes from which our patient suffers to-day. The same causes, acting with less intensity, perhaps, affect thousands of the inhabitants of all our cities and populous towns. The changes produced in the blood by the excessive use of drinks and the resulting excessive perspiration, constitute very important pathological conditions, and have more to do with the production of attacks of diarrhoea, cholera morbus, and typhoid fever than is generally supposed. If the circumstances to which we have alluded, or indeed any others, have so far influenced the blood of the patient before us as to give rise to emboli that have completely obstructed the passage of blood to the lower extremities and caused the present appearances of incipient gangrene, it is not likely that any course of treatment will avert a fatal result. It is not likely that any remedy can be safely

introduced into the blood in sufficient quantity to re-dissolve a fibrinous clot large enough to block up the iliac arteries. If the deficiencies in the composition of the blood had been corrected by a supply of pure air and a judicious use of the chlorine salts during the preliminary or forming stage of the attack it would probably have prevented both the fever and the arterial obstruction. But in the present state of the patient the prognosis is entirely unfavorable. He should be sustained as much as possible with good nourishment and such medicine as will help sustain the vital properties and nervous force. Carbonate of ammonia and camphor alternated with small doses of strychnine would probably afford the patient as much benefit as anything we could suggest.

The formation of emboli in the cavities of the heart are not very infrequent, and it occasionally happens that the life of a patient laboring under disease of such nature as to cause diminished innervation and cardiac weakness has life terminated suddenly and unexpectedly from this cause.

A few years since I attended a man in feeble general health who was attacked with dysentery. His discharges were largely mixed with blood, but they had continued only about twenty-four hours when he suddenly presented signs of syncope and almost immediately expired. A *post mortem* examination revealed a tenacious white fibrinous clot occupying the right ventricle and extending several inches into the pulmonary artery. It adhered quite closely to the edges of the tricuspid valve as well as to the *columnae cornae*.

Within a few days a neighboring practitioner was attending a case of typhoid dysentery which had presented no unusual symptoms, but was apparently progressing favorably, when there suddenly supervened feelings of great exhaustion, bordering on syncope; the sounds of the heart became muffled and obscure; the pulse extremely feeble, and extremities cold. He passed directly into complete collapse and died in about twelve hours. Although no *post mortem* examination was allowed, yet I have no doubt but a

cardiac embolus was the immediate cause of the fatal result.

While speaking of these unusual complications I am reminded of a case recently seen several times in consultation: The patient, a laboring man, aged about twenty-five years, was attacked with a chill, followed by an exceedingly severe pain in his back and loins, with fever of a distinctly remittent type. The urine was scanty and high colored; stomach irritable; the bowels costive, and the pain in the back so severe as to cause the attendant to fear direct inflammation of the lumbar portion of the spinal cord. After a few days of treatment, chiefly with anodynes and alteratives during the febrile exacerbations, quinine and morphine in the remissions, and active revulsives and counter-irritation to the spine, all the more active symptoms subsided. The patient remained quite comfortable for two or three days, though not entirely free from dull pain and soreness both in the lumbar region of the spine and in the direction of the psoas muscles. The tongue remained coated, the urine rather scanty, and a noticeable increase of pain and fever every alternate day, but no chills. The continuance of these symptoms and especially the dull pain and tenderness in the psoas regions led to a suspicion that there might be forming a psoas abscess. But up to the time we now allude to, there had occurred no rigidity or contraction of the psoas muscles causing the thighs to be flexed on the pelvis as is usual in cases involving inflammation or suppuration in the psoas regions. While in this state, about one week after the commencement of his sickness, there came suddenly pain in the left hip, thigh and calf of the leg, accompanied by diffuse swelling of the whole limb. The swelling, tenderness, and pain were greatest on the anterior and outer part of the thigh and in the calf of the leg. There was no redness or erysipelatous appearance of the surface, and but little if any increase of temperature. Over the dorsum of the foot and ankle there was sufficient edema to present pitting on pressure, but the calf of the leg and the whole thigh had a hard or semi-elastic feel, like that of phleg-

masia alba dolens. The extent and character of the swelling; the rapidity with which it had been induced, and the preceding pain in the lumbar and psoas regions, led to the belief that some mechanical obstruction existed in the iliac vein, and it was feared that rapid and diffuse suppuration would take place in the cellular tissue of both thigh and leg. The stomach of the patient being irritable and inclined to reject whatever medicine had been given, he was directed nothing but a powder of sub-nitrate of bismuth, six grains, and sulphate of morphia, one-quarter of a grain, every three or four hours, and an emollient poultice of linseed meal over the whole thigh and leg. Under this treatment with mild nourishment he became quite comfortable, the pain gradually declined in the limb, and after two or three days the swelling also began to abate, and in a week it had entirely disappeared without any vestige of suppuration. The patient, though free from fever, remained weak and still suffering from pain and lameness in the small of his back. You will doubtless learn at a future time what becomes of the poor patient before you.*

We might allude to a number of cases presenting unusual complications, but our time will not permit.

OSSEOUS DEPOSIT IN EYE.—Mr. Arthur Bracey, of Birmingham (*British Med. Journal*), exhibited at the Pathological and Clinical Section of the Birmingham Branch a specimen of bone found within a disorganized eye which he had excised. The deposit took the form of a cup, and occupied the whole of the inner surface of the choroid. Mr. Bracey stated that authors described similar formations as true bone.—*Med. Record*.

*This patient continued steadily to fail, and died in about one week after he was admitted into the hospital. The right leg had become entirely discolored from gangrene, and the left partially so. A *post mortem* examination revealed no unusual pathological changes in the abdominal or pelvic viscera, except in the abdominal aorta and its branches. Commencing about three-quarters of an inch above the bifurcation, a tough, yellowish white fibrinous clot occupied the vessel and extended through both common iliacs, and on the right side through the external iliac to the groin, and the internal iliac two or three inches; also through the external iliac of the right side, but only slightly into the internal iliac. Throughout the extent just mentioned the arteries appeared full, round, and firm, as if injected, while above and below they were empty and collapsed as usual. The coats of the plugged vessels showed no appearance of inflammation.

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EDITED BY

N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

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EDITORIAL.

How Not To, and Why.—During the early part of the present year, a work was published on the hygienic management and proper physical training of children, written by Dr. Dan Newcomb, and designated "*When and How*." Although we did not deem the style of the author wholly unexceptionable, yet the facts and principles inculcated in that work were correct, and were calculated to do good. We consequently noticed and freely commended the book to the patronage of the public. Since the publication of that work, the same author has caused to be published another and much smaller work entitled "*How Not To, and Why; or, Arguments based on Physiological, Moral, and Social Relations in favor of Preventing Conception, and the giving of the Ways and Means in Plain Language.*" We find that some persons have mistaken our favorable notice of the former work in the EXAMINER as applying to the latter. To do justice, therefore, both to ourselves and to the public, it becomes necessary to say what we think of the author's last work. It is founded on three leading ideas:

First, That excessive child-bearing, at the present day, constitutes a great physical and social evil; by injuring physically the mother, impairing the physical strength of the offspring, and bringing more children into the world than the parents can properly provide for and educate.

Second, That men are beastly and unconquerable in their sexual passions, and will not practice continence, and therefore the woman should have the right to control the number of her children, and to that end

should know the means for preventing conception.

Third, That to a great extent, at least, parents can control both the sex and the mental and physical character of their offspring, by observing certain rules and modes of life.

In support of the first idea, the author gives no facts, no statistics, but simply represents the condition of pregnancy as one of constant and unmitigable suffering, and nursing as one of injurious exhaustion. He deals in such general expressions as the following:

"They are filled with suffering all through the days of the intra-uterine life of the child, and end that stage in pangs of suffering that cannot be expressed in language."

Again, he says:

"Yet, though the mother bears every pain, performs every labor—in fact, does everything necessary to rear a child—we hear it said that she should not have a voice in the number she shall raise; but rather submit herself to the embraces of a brutal, beastly, passionate husband, who has only a pleasurable part to perform, as often as he may desire, without any power to prevent conception."

These arguments (so-called) in favor of woman's right to determine the number of her offspring, are simply appeals directly calculated to raise prejudice between the sexes, and to alienate the wife from her husband. Thus, after detailing all the horrors, mental and physical, accompanying the pregnant state, he exclaims:

"Who bears all this? The mother. And what part does the father have in the labors of raising children? Simply nothing. He is only necessary in the raising of children to assist in the creation, or the conception."

And again:

"While woman does the work and suffers the pains, she should have a voice in the frequency of those labors and pains. And if she must submit to the embraces of her husband, she should know how to prevent a conception following the favor."

After describing the sexual organs in both sexes and the part each sex performs in procreation, in the first chapter; giving a nauseating amount of the stuff we have quoted, in the second; and in the third mixed in a little moral seasoning in the way of condemning abortions and abortionists, he proceeds to give the *means* by which the married woman is to protect herself from the dire calamities of over-child bearing. On the title page he promises to give the "Ways and Means in Plain Language." And from the general tenor of the work, the readers' expectations will be raised to a high point in regard to these ways and means. And after all, what are they? Simply two. The first is the pretended physiological fact that there is a period of from seven to ten days, beginning twelve days after a monthly period and ending three days before the next one, during which the most free sexual intercourse may take place without danger of conception. This period he thinks is sufficient for all proper gratification of the sexual passions of the sexes. If it is true that such a physiological law exists, which we very much doubt, and both men and women were so considerate and strictly continent as to keep the times and seasons fully in memory, it might be available in regulating the number of children. But if the law was ever so reliable, and man as passionate and incontinent as our author represents him to be, of what use would it be to the poor wife. How is she to limit her "brutal, beastly, passionate" husband to those few days in each month? Admitting the difficulty of accomplishing this, the author gives one other remedy, viz.: cold water injections used immediately after sexual intercourse. This, though admitted to be very unpleasant to the woman, is claimed to be, both effectual and free from danger, *if used properly*. But what constitutes the *proper* use? Just how many minutes may safely be allowed to pass after the conjugal act is completed before the cold water must fill the vagina? How cold must the water be, and what quantity must be used to make the remedy certain?

Direct and exact answers to these questions, in "plain language," is just what the reader would expect the author to give. But all the answer he sees fit to give is the following: "We know of hundreds who have used it for years, and never found it to injure them in any way. *Be sure you know how to use it, and then you are safe.* For more specific advice, we refer you to your physician."

Imagine the expression that would come over the countenance of one of those young women, either just married or just about to be, who would rather spend the first half-dozen years of her married life in boarding-house flirtations, and at theatrical exhibitions, than in making herself mistress of a home and family circle of her own, when, after anxiously reading through all the rest of this book, she comes to the last paragraph just quoted. To come to the gist of the whole matter, the very thing anxiously sought, the remedy safe and certain, if used at the *right time* and in the *right way*, and then, for the details of the *time* and *way*, to be referred to the family physician, is much like being placed in the position of the fabled Tantalus. Certainly, if the author "knows of hundreds who have used it for years, and never found it (the cold water injection) to injure them in any way," he ought to know just *when* and *how* it should be used; and his failure to give these directions is a cowardly skulking from the responsibility of doing just what he fairly promises, both in the title-page and general tenor of his book. It is very easy to say a remedy is safe and certain, if *properly* used, but leave the directions as to what would be the *proper* use to somebody else. Then, no matter how many may make themselves sick, or even produce death, the author can always screen himself behind the assertion that the remedy was *not* properly used. We have practised medicine several years longer than the author of this little work, and have been brought in contact with a large number of married women, but so far from having found *hundreds* who had used the cold water injection successfully for years in preventing conception, we have not in the

whole time found a single score who acknowledged that they had used it half a dozen times each. And yet, of the limited number we have met, several made themselves severely sick. One young married woman, during the last twelve months, in the frequent use of decidedly cold water immediately after the sexual intercourse, brought upon herself a metritic and vaginal inflammation, so acute and severe as to endanger her life, and yet she did not prevent conception, but, on recovering from her severe illness, found herself pregnant, and at the proper time since has been safely delivered of a healthy child. And I may add that she is now both healthier and happier than she would be if she was still fighting off conception with cold water injections. The truth is, this little work of Dr. Newcomb's is one of a class of purely sensational works. He exaggerates immensely the frequency of the practice of criminal abortion; exaggerates still more the evils of pregnancy and child-bearing; fosters that sickening, mawkish sentimentality about child-bearing and the relations of man and wife, which has already done much to corrupt public sentiment, by lessening the idea of sacredness and value in the individual home and family, while its pretended remedies are delusive and dangerous. We have no doubt but the author is honest in the sentiments he utters, and intended his work should benefit society. But believing him entirely mistaken, and having our name connected with his previous work on the proper training of children, we felt under obligations to express a decided disapproval of the volume under consideration.

ERRATA.—By a mistake the proofs of Dr. Bridge's article were not sent to him for correction; hence the following letter:

Editors of the Examiner: In the paper published in the EXAMINER of July 1st ult., entitled "The Pathology of Hysteria," there are fifteen typographical errors, most of them so patent and glaring, that should they go uncorrected it were better for both author and publishers that the article had never seen the light. In the second column of page 193,

the sentence "could there be a better example of certain trains of thought," etc., should have after the word "example" the words "of the effect." In the second column of the next page, "by the *relaxation*," should read, "by the *reflex action*;" and a few lines below, "they give *use* to sensations," should be, "they give *rise*," etc. In the first column of page 195 the print says, "may *evidence* a mood,"—"may *induce*," it should be. In the next paragraph, "insane about self-abuse," in the manuscript read "insane about self *by* abuse," etc. In the next column, "*nerve culture*," should be "*nerve-center*." The word following the words "sequence of events," on the next page, should be "*observed*," not "*absorbed*." Below, on the same page, the phrase "giving hallucination to erratic conduct," should have *and* instead of *to*. In the second column of this page the sense is distorted by the type saying "then comes out of it the natural love of being observed," etc.; "*and* the natural love of being observed," it was written by the author. On the next page is a phrase the reader of the paper intended as a very fine thing—"the physiology which is pathology"—yet see how utterly it is spoiled by the printer putting after the word *physiology* a comma! Instead of "*these*," the last word of the first line of page 198, should be "*that they*," and six lines below, the word "*even*" should be "*ever*."

Very respectfully,

N. BRIDGE.

267 W. Monroe St., Chicago.

Society Reports.

WISCONSIN STATE MEDICAL SOCIETY.

The Wisconsin State Medical Society held its regular annual session in the city of Fon du Lac, commencing on the 19th of June and continuing three days, Dr. J. Favill, its President, in the chair.

The attendance was good, and the number of applicants for membership showed a gratifying appreciation of the estimation in which

the Society is held by the profession of the State.

An address of welcome was delivered by Dr. E. L. Griffin, which was followed by some necessary routine work.

Reports of Standing Committees were rendered as follows :

On Surgery, several interesting papers were read, and in part illustrated, among which were the following :

A report from Dr. Meacham, embracing—
A Pyrogenic Ovarian Cyst, Protracted Use of Chloroform, Resection of Tibia and Fibula in a Case of Viciously United Fracture, and a Case of Senile Gangrene.

From Dr. Lenn, a lengthy and valuable paper on Necrosis and its Treatment.

On Practice, papers were presented as follows :

By Dr. Manley, one touching on the Pathology and Therapeutics of Diabetes, Rheumatism, Cerebro-Spinal Meningitis, Epilepsy, Influenza, and Indigestion.

By Dr. Ferrin, on Small-pox and Vaccination ; and

By Dr. J. C. Meacham, on Encephaloid Cancer.

On New Remedies, an elaborate paper on Hydrate Chloral, by Dr. J. J. Brown, led to a discussion which revealed diversity of opinion and independent thought.

On Diseases of the Eye, Dr. E. W. Bartlett gave a paper on Iritis.

After these came reports of Special Committees, and voluntary papers, among which were the following :

Two papers by D. C. Davies, on Gynaecology, and a successful case of Ovariotomy.

By Dr. C. Linde, on Diseases of the Skin.

By Dr. Waterhouse, an essay on Enervation.

By Dr. I. Nichols, a paper on the Laryngoscope, with exhibition of different varieties of the instrument.

Dr. J. C. Davis, a report of a case on Paracentesis Thoracis in a Child: Recovery.

By Dr. Wigginton, on Hydrate Chloral.

By Dr. Witter, two papers, entitled Urethral Stricture and Urinary Fistula, and Cerebro-Spinal Meningitis.

By Dr. Marston, a history of three cases of Placenta Praevia.

By Dr. Conant, on Cerebro-Spinal Meningitis.

By Dr. Brett, on Compound Fracture, with loss of an inch of the Tibia, and subsequent recovery with use of the limb.

By Dr. Cory, on the Use of Anaesthetics.

By Dr. Brown, two papers on Suggestions on the Use of Anaesthetics in Midwifery, and on Intussusception.

By Dr. Brenton, a case of Post partem Hemorrhage.

By Dr. J. E. Davies, on Correlation of Forces in Physiology and Medicine.

By Dr. Vivian, a case of Fractured Skull with Depression, and its Consequences, himself being the subject.

By Dr. Griffin, a case of Caesarean Section.

The foregoing papers and reports were prepared with manifest care, were well received, and will appear in full in the published transactions, together with an obituary notice of Dr. Mason C. Darling, the first president of the Society, by Dr. Griffin ; also a biographical sketch of Dr. J. H. Hyde.

At the afternoon session of the second day President Favill gave his annual address, on "The Relation the Profession holds, and ought to hold, toward the Community;" an able and eloquent production.

During the session several resolutions looking to the advancement of medical science were adopted, of which the more important were—one memorializing the Legislature for the appointment of a State Board of Health, in accordance with a movement originating in the American Medical Association, and one in reference to the examination of applicants for the study of medicine, as regards their educational attainments, with a view to raising the standard of scholarship.

A resolution was also adopted authorizing the Secretary to hold copies of the published "Transactions" for sale at \$1 per copy.

The election of officers for the ensuing year resulted as follows :

President—Dr. H. Van Dusen, of Mineral Point.

First Vice-President—Dr. E. L. Griffin, of Fond du Lac.

Second Vice-President—Dr. John Dickson, of Allen's Grove.

Secretary and Treasurer—Dr. J. T. Reeve, of Appleton.

Censors—One year, Dr. D. Mason; two years, Dr. N. Dalton; three years, Dr. J. K. Bartlett; and henceforth one to be elected annually, to hold his office for three years.

The following standing committees were appointed :

Arrangements—Drs. J. K. Bartlett, Marks, and Johnson.

Surgery—Drs. Dalton, Palmer and Brett.

Practice—Drs. Waterbury and Bell.

Obstetrics—Drs. Whitney, Marston and Armstrong.

Pathology—Drs. E. H. G. Meacham, Brown and A. Clarke.

New Remedies—Drs. Lenn, Wm. Fox and Hall.

Medical Education—Drs. J. G. Meacham and Mason.

Diseases of the Eye—Dr. E. W. Bartlett.

Ethics—Drs. Strong, Russell and Marks.

After the appointment of delegates to the American Medical Association, and to the various neighboring State Medical Societies, this Society adjourned to meet in Milwaukee the third Wednesday of June, 1873.

J. T. R.

Gleanings from Our Exchanges.

BLINDNESS AND DEAFNESS IN CONSEQUENCE OF EPIDEMIC CEREBRO-SPINAL MENINGITIS.

BY H. KNAPP, M. D.

During the last three months and a half there have come under my care forty-one cases of blindness or deafness, the consequence of cerebro-spinal meningitis, which has for more than six months assumed an epidemic character in this part of the country. Among the forty-one patients thirty-one were deaf on both sides, eight were blind with one eye, mostly on left, one was blind with both eyes, and one was deaf on both sides and blind on one. In all cases the diagnosis of

cerebro-spinal meningitis could be well established. The symptoms were—mostly a sudden attack of headache, increase of temperature, vomiting, convulsions with predominant opisthotonus, unconsciousness, deliria, staggering gait with a tendency to fall sideways, lasting for weeks and months after the recovery. Among the complications I may mention inflammations of the joints in some cases.

The affection of *the eye* begins usually in the first weeks of the general disease, with the following symptoms: Circumcorneal injection, discolored iris, ragged pupil, fundus oculi dull, its details not recognizable, or the fundus yielding only a somber red color, or appears black. Hypopyon and yellowish exudation plugging the pupil are not infrequent. The cornea, in some rare cases, becomes ulcerous; in others, the conjunctiva and lids are edematous and very red, the eyeball protrudes, and exceptionally bursts, suppurates and shrinks. Ordinarily, the injection of the conjunctiva subsides, the cornea clears up, the hypopyon and exudation in the pupil disappear, and the eyeball assumes a strikingly peculiar and characteristic appearance, which I have only seen in cerebro-spinal meningitis, puerperal fever, and very seldom in typhoid and typhus fevers. The iris is dull and bulges forward like a cone. Its periphery, however, is usually drawn backward. The pupil is rather narrow, ragged and immovable. Through the transparent lens, which has advanced with the iris, a dull white surface is visible in the vitreous chamber. The eyeball is commonly softer and smaller than natural. Sight is completely and irrevocably lost. Later, the crystalline becomes cataractous. The eyeball will remain smaller and softer, squint outward, but never give rise to other inflammations, or sympathetic affection of the other eye. I supply these facts from my observations of the epidemic of cerebro-spinal meningitis which reigned in the upper valley of the Rhine eight years ago. The eye-affection has been mistaken for medullary cancer (glioma) of the retina, but may be distinguished from it by its acute development in combination with the general disease, the peculiar protrusion of the center of the iris and its retraction at the periphery, the dull white reflexion from behind the pupil, and the diminution of size and tension of the globe.

The nature of the eye-affection is purulent choroiditis, probably metastatic. There have been other changes of the eye observed in cerebro-spinal meningitis, principally hyperaemia and inflammation in and around the optic disk. They are rare and not specifical-

ly dependent upon this form of meningitis, but on hyperaemia, exudation, and proliferation in the cranial cavity in general.

The *ear-affection* in cerebro-spinal meningitis does not show symptoms so peculiar as the eye-affection. In the early stage hyperaemia of the middle ear is commonly present, the drumbeads being dull, yellowish, the region of the handle and upper portion red, and the right spot faint, smaller, or absent. The pharynx generally red. The tympanum is inflatable, with a rough blowing sound, after which the appearance of the membrana tympani is not essentially changed. In very rare cases only the affection rises beyond this condition of a mild catarrhal otitis media, developing into purulent inflammation of the drum, with perforation of the drumhead and otorrhoea, which ceases in one or several weeks. These symptoms on the part of the middle ear are, however, of subordinate significance when compared with those furnished by the *inner ear*. In some cases patients at first find sounds around them—for instance, the song of a canary-bird—intolerably harsh, but very soon the hearing-power will diminish, and in nearly all cases be totally and permanently destroyed. When the patients retain their consciousness, impairment of hearing may be noticed as early as the second day of the disease, increasing day by day to total deafness in a week or two. In the majority of cases the deafness is only discovered when the patient awakes from his stupor; and may then be total or partial, increasing, in the latter instance, to total deafness very soon. I find, however, in my notes some cases in which hearing was still present some weeks after the disappearance of the severe symptoms of the acute disease, and was lost during the recovery. In all cases the deafness was bilateral, and, with two exceptions of faint perception of sound, complete. Among the twenty-nine cases of total deafness there was only one who seemed to give some evidence of hearing afterward. The treatment consisted in leeches behind and before the ear, blisters, tincture of iodine, ung. tart. stibiat. behind the ears, and the use of the galvanic current. I have seen no good results from this treatment, nor have I heard of a better one to substitute it.

In conclusion I may say a few words concerning the age of the patients, the mortality of the epidemic, and the nature of the ear-disease. The majority of the patients were under 10 years; above that age there were one of 10, 12, 13, 14, 16 years respectively, and two of 18 years. The epidemic does not seem to show a great rate of mortality; Dr. Ch. F. Rodenstein, of Westchester, N. Y.,

states only 10 per cent., while other epidemics showed a death-rate from 30 to 75 per cent. The nature of the ear-disease is, in all probability, a purulent inflammation of the labyrinth, by which the membranes of the inner ear are destroyed in a similar way as the membranes of the eye by the purulent choroiditis. Heller and Lucae have corroborated this by three post-mortem examinations. No disease of the middle ear could annihilate the hearing so completely that no sounds whatever, not even a tuning-fork vibrating on the cranial bones, is perceived. The deafness cannot be the consequence of a destruction of the acoustic nerve within the brain, or of the center of audition; for it would be unexplainable why the adjacent facial or other cranial nerves are not, sometimes at least, found destroyed too. An additional proof is furnished by Dr. Guenning, who electrized the greater number of these patients according to Brenner's method, and obtained the normal reaction of the acoustic nerve—a fact which excludes the destruction of the nerve and center of audition.

In communicating these observations to the profession, may I ask the favor to be invited, if not inconvenient, to assist in post-mortem examinations of lethal cases of cerebro-spinal meningitis?—*Med. Record.*

PLEURITIC EFFUSIONS IN CHILDREN.

Dr. Rehm (*Jah. f. Kinderheilk.*, 1872), says that in ten years' practice in Hanau he noticed eight cases of pleuritic effusion in children. Of these there were seven boys and one girl; the eldest child was about five years, the youngest eleven months. In two children, whom he remarked at the commencement of the disease, he noticed a pneumonic attack as preliminary. With regard to the rest of the cases, he is not able to fix on any etiology, since they came to him suffering already from effusion. In none of said children was there any other affection noticeable. The effusions in two cases were, in all probability, serous; one was probably purulent, and the rest were clearly purulent. Six effusions were on the left side, one on the right; in one case, which he treated about nine years before, he does not quite remember the side. In two children, where the effusion according to his opinion was serous, resorption took place in two or three months; in one child (whilst he was absent on a journey) a spontaneous opening of the empyema took place both outwardly and inwardly, and the child got well. Five children were oper-

ated on by him in company with a colleague, four by an incision with or without previous puncture, and one by puncture alone. Three of those operated on died, two got well; one with chronic purulent exudation after six months' treatment, the other, a child of one and three-quarters years old, with running of pus, which continued for fourteen days and then got well after (he will not say on account of) once puncturing the chest. It lies not in the intention of the author to publish observations which have already often been published, he will content himself to relate shortly the operative processes in order to make some general remarks on these.

The first case of empyema occurred in a child of eleven months, which had been suffering in the country for some six weeks from fever, cough, dyspnoea, etc. The child was found to be asphyxiated, with a notable left-sided effusion; the general nutrition was good. Puncture was at once undertaken, and about half a chopin of inodorous pus was withdrawn; on the next day the wound made by the trocar was enlarged by the bistoury. After apparent improvement there supervened a deterioration after the fifth day, evinced by elevation of temperature, cyanosis, increase of cough, want of nutrition, and loss of sleep, without any lessening of the effusion. On the other hand, there was over the posterior surface of the right side and thence towards the left, a sometimes greater, sometimes less, extended *rate* of coarser or finer description. The child died on the eighth day, and the *post mortem* examination showed the heart pushed over to the left side with centers of lobular pneumonia on the back part of the lung on the right side with bronchitis. In the left plural sac about half a chopin of greenish fluid; the pleura was much thickened, as also the aortal pleura; the left lung pushed up against the vertabre, the upper lobe containing secretion. The bronchi hyperaemic.

In the second case the author was called into consultation to a boy of three and three-quarters years of age. There was extensive empyema on the left side with pressure of the heart toward the right side of the chest, the spleen was depressed. Puncture was made use of on 1st December, 1868, and about one and a half chopins of pus escaped.

On the 8th it was renewed, the wound was made larger and a canula left in. After a decided amelioration, about the 11th day the wound became vividly red. This turned to diphtheritic appearance, with hardness of the edges, with erysipelas and death. On *post mortem* examination, the heart was found dislocated much to the right, the right lung em-

physematous, the left lung pushed backwards and upwards, and fixed in its place by growing together of both pleural envelopes. The upper lobe of the left lung was for the most part œdematosus, whilst the lower lobe was soft and free from air.

In the third case a strong child of one year old became ill on 23d May, 1869, with pleurisy on the right side in the upper lobe and posterior aspect, and an exudative pleurisy quickly supervened. Apparently this was quite absorbed by the end of September, but the child again fell sick, and in October the whole of the right side of the chest was filled with effusion, which pushed down the liver, etc. Puncture with a trocar let out a great amount of pus, the wound was afterwards widened, a canula inserted, or a catheter to get away the pus. After great change in the symptoms, the making of pus ceased in about seven months, but there still remained a small fistula out of which a purulent secretion exuded. The child became, however, very strong and healthy.

In the fourth case of empyema, a boy of one year and eleven months, was attacked in October, 1870. The child was much depressed in nutrition and looked very pitiable. The effusion was also on the left side, measurements giving under the axilla on the left side 25 centimetres, and on the right only 23 centimetres. Over the nipple 26 centimetres at left, and 23 at right side, and at the level of the ziphoid cartilage, 27 centimetres on the left side, and only 24 on the right. The heart and spleen were both pushed out of place. The operation was by incision, and tedious treatment of the child was required by daily washing out the pus by the catheter, then using drainage tubes, etc. The child got much better until the middle of January, 1871, when headache, vomiting, sleepiness, and all the symptoms of baseless meningitis appeared, and the child died on January 23d. The *post mortem* gave exactly the same symptoms as in Case 1.

In the fifth case, a child one and three-quarters years old, had on September 23d, fever, dyspnoea, and cough. On October 5th, here the effusion was again on the left, Dr. Rehn determined on early operation, and on October 7th, made a puncture, drawing off half a chopin of thick, greenish fluid. The result was an astonishing recovery of the patient. The respirations sank from 52 to 32 on the third day; but a new effusion appeared, which was treated by digitalis, iodide of potassium, and iron, and gave way in about three or four weeks. Most cases seem to have occurred in boys, and most were under two years of age. The effusion was

almost always on the left side and purulent. The most important fact to be noticed, is the great and pressing utility of early operative treatment in pleuritic effusions, not only in purulent cases, but in acute and serous effusions. The operation is so slight as to be destitute of danger and should be made use of.—*The Doctor.*

PLEURITIC EFFUSIONS TREATED BY DRAINAGE.—In *La France Medicale*, 6th July, there are several cases mentioned, where the drainage of Dr. Cazenave has been successfully employed. In one case (Observation IX.) a patient entered the Saint Louis Hospital in May, 1864, under Dr. Cazenave, with double pleurisy. There was persistent effusion on the left side, with imminent asphyxia; thoracentesis was employed, and a quantity of pus withdrawn. There was persistence of the symptoms until August, 1865. In September, 1865, a new puncture was made, giving issue to much pus. In about fifteen days afterwards a fistula appeared at the opening of the puncture, with diarrhoea and sweating, and there were fever and nocturnal exacerbation. Drainage tubes were then used. The diarrhoea, sweats, and fever disappeared, the health was better, and the appetite returned. The patient kept the tube in all the winter, *i.e.*, about seven months, and at the end of February, 1866, no more pus issued from the chest. This patient was examined anew with particular care by Dr. Ravier. This patient was treated by drainage also, in the service of Professor Gosselin, who sent him to Vincennes almost cured and so much better, that after wearing drainage tubes for more than seven months, he was found to be quite well. “This observation,” says Dr. Manny, “proves the cessation of hectic symptoms whenever pus can flow continuously; but the presence of such symptoms of putridity whenever the liquid sojourns for any length of time in the pleural cavity; the innocence of the drainage tube; the dilation of the lung which has been compressed for some time; and the marked disappearance of narrowing of the thoracic cavity.”

In another case of left purulent effusion, a spontaneous opening took place in August, 1864, and several quarts of pus issued. The patient had fistulous openings on the chest walls with interminable suppuration and gradual emaciation. Up to 25th August, 1866, there were constant symptoms resulting from retention of pus in the cavity, loss of appetite, vomiting, and disturbed respiration. The patient was forced to sleep in a sitting posture, had diarrhoea and fever with shivering fits. M. Gosselin on the 10th September, in-

roduced a draining tube by means of a curved trocar and a large quantity of pus came away. In November, 1866, the patient was getting better and better. There was scarcely any suppuration, there was return of vesicular breathing, and the lung was dilating.—*The Doctor.*

INDIA-RUBBER CLOTH IN DISEASES OF THE SKIN.—Since 1868 (*Journal de Med. et de Chir. Pratiques*), M. Hardy, of Paris, has been employing india-rubber cloth in place of poultices or local baths. He employs pieces of cotton, covered with a layer of caoutchouc, and forming an impermeable tissue. This is only applicable to the extremities and to the head; and for the latter region he makes use of vulcanized india-rubber caps. After a certain time the part enveloped becomes not disagreeably warm, and then an abundant sweating takes place, under the influence of which the crusts, and the squames which cover the skin are removed, the epidermis spreads over the ulcers, and the skin becomes softened. The results obtained are similar to those obtained by poultices, but preferable for many reasons. Daily experience of the Hospital St. Louis shows a great rapidity in the modification of the skin; two or three days of application suffice completely to cleanse the scalp when covered with abundant scales of eczema, etc. After forty-eight hours application of the india-rubber cloth upon hands attacked with chronic eczema, with fissures and cracks in all directions, the wound becomes cicatrised, and the skin recovers its suppleness. This treatment is especially of great value in eczema in the second period of the disease. The crusts are removed, the plastic secretions disappear, and a thin epidermis, glistening and smooth, gradually covers the diseased part, and the eczema rapidly enters the third period. Itching is rarely relieved by this method. In ethyma the pustules open, and the cure proceeds very quickly, thanks to the envelope. It must be noticed that the cloth must be covered with india-rubber, for the trial made with oiled silk did not succeed. The limbs should be completely enveloped; but the india-rubber cloth ought only to be tied on at the ends—between the ligature it should form a large sleeve. It should be kept on for a considerable time, and the patient should lie in bed. This method is also employed to make the scales of the psoriasis fall, or to restore the suppleness to the skin in chronic lichen.—*Ibid.*

VITAL TEMPERATURE.—Dr. Jacobson, of Konigsberg, reports in *Virchow's Archives* (vol. li, 2d part) a series of experiments upon

animals relative to the temperatures of certain viscera, as measured by thermo-electricity. He has found, contrary to the assertion of Cl. Bernard, that the blood is warmer in the right than in the left heart; but has verified the assertion of the same author, that the temperature of the liver is superior to that of the axilla and the rectum. He has also observed that the temperature of the skin and muscles, when exceedingly inflamed, never attain a temperature equal to that of the interior of the body, or to that of the upper part of the vagina or rectum. By experiment on animals, in which pleuritis is caused, they verified the assertion of J. Hunter, that "blood inflammation can never attain a higher temperature than that found at the source of the circulation."—*Med. Record.*

INDIGESTION AND ITS MANAGEMENT.—Dr. Bradford S. Thompson, N. Y. (*Am. Practitioner*, July, 1872), in his paper on this subject, alludes to a case under his observation where everything appeared to the patient double; in another, every object seemed inverted; and in another, total blindness came on, which continued for twenty-one hours. The latter patient, a conch-woman, of Key West, Florida, aged 47, was in the habit of eating prodigiously of a salad made from the indigestible conch, which abounds in that latitude.

In the indigestion of childhood the use of Boudault's pepsin wine can be highly recommended. This is prepared from pure pepsin, according to the formula of Dr. Corvisart, and is very palatable. Each dose possesses fully the digestive power of fifteen grains of the powder. This preparation, he states with much confidence, is superior to all other preparations of pepsin in use. It should be given immediately before a meal.

In regulating the diet, the author would impress upon the patient the necessity of observing the subjoined rules: 1st. Enjoin frequent and regular eating in the majority of cases. It was a remark of Sir William Temple, "that the stomach was like a schoolboy; if idle, always in mischief." The deduction drawn from this is to keep the stomach moderately employed. 2d. Let the diet be simple, always consisting exclusively of one article. 3d. Drink little or nothing while eating. 4th. Exercise should not be permitted directly after eating. In many cases a voracious appetite attends this affection; but in the majority of cases there is very little inclination to eat; and under these circumstances it will not be amiss to attend to the following particulars for the purpose of exciting the appetite: Do not let the patient

know what he is to eat. The food should always be cold. When hot, the odor will often destroy the appetite. The dishes should always be small; for nothing is more distressing to a patient with a delicate stomach than a large dish of meat placed before him. These circumstances, though apparently trivial in their character, are very important, and deserve recollection.—*Med. Record.*

BLUE LIGHT AS AN ORGANIC STIMULANT.—At a recent meeting of the Philadelphia Agricultural Society, General Pleasanton read an interesting paper on the effects of sunlight on plants and animals, when transmitted through blue glass. Geraniums which had become unhealthy recovered their vigor and became more deeply colored when covered with blue glass; and the branches of the same grape-vine showed a remarkable difference in their growth of leaves according as they were or were not covered with blue glass, the leaves on the former having a diameter of six to eight inches, being of a deep-green color and perfectly healthy; while the uncovered branches were only two inches in diameter, and of a pale, sickly yellowish color, indicating a feeble vitality. The paper also mentioned a case of the wife of a Philadelphia physician who had for some time been suffering from a complication of disorders which had baffled the skill of her physicians, and who, on the suggestion of General Pleasanton, tried the following plan: Every other pane of glass in one of the windows of the patient's room was removed and the blue glass substituted, and the patient required to expose her back and spine to the action of the combined blue and white lights for thirty minutes each day, at the same hour. At the commencement of treatment she was unable to sleep or eat, was in a miserable condition, and wasting rapidly. At the end of ten days the pains in her back were less, her hair had commenced growing thickly, and there was a marked improvement in her general condition. In three weeks she was almost entirely well.—*Ibid.*

THE TREATMENT OF PLEURISY.—Doctor Quincke, of Berlin, (*Berliner Klin. Woch.*) mentions that he had, under Dr. Fredrichs, the opportunity of treating fifteen cases of effusion in pleurisy by operating. He comes to the following conclusion:—In order to get rid of serous exudations, the most practicable method appears to be puncture with a fine trocar, and withdrawal of the fluid by suction. Even when nothing more than a palliative result is to be expected puncture is often indicated. In exudations of pus, in

cision, and afterwards daily out-cleansing of the cavity of the pleura is indicated at once, and this should be done early, since a spontaneous absorption is unlikely to take place, and at any rate is very tedious. Even in many cases of purulent pleurisy, which turn into pneumo-thorax, operative procedures are indicated.—*The Doctor.*

ANTI-PHLOGISTICS IN MYELITIS.—Dr. Reigner (*La France Medicale*) gives two or three cases of myelitis successfully treated by him. A man, aet. 45, a peasant proprietor, was greatly addicted to drinking wine. April 20th, he experienced formication in the feet and hands, and was forced to discontinue his work. On May 25th there was total loss of power in his locomotory organs. Tongue furred, pulse full but not accelerated, no dyspnea or constrictive pain around waist. On percussing along the spine no painful sensation was experienced. Micturition was easy; but constipation obstinate. Intelligence clear. Was this congestion or inflammation? Thinking it might be congestion, thirty leeches were placed along the spine, revulsions were applied to the extremities, drastic purges used, and low diet. The paralysis continued, and intolerable pains shot through the limbs like lightning. He then was treated by revulsions, and ten cauteries were applied along the vertebral column, five on either side, from above, downwards, to the level of the loins. On the 28th May, a month after applying the cautery, there was great amelioration. On the 15th June he could stand, and on the 23d could move without a stick.

A NEW THEORY OF ASTHMA.—In the sputa of asthma, also in the spleen of patients who have died with leukemia, certain colorless, octahedral crystals have been observed, says the editor of the *Pacific Medical Journal*, by European microscopists. Some of the crystals are large enough to be detected with the naked eye. Professor Leyden, of Konigsberg, as appears from an extract from *Virchow's Archives*, in the *Philadelphia Medical Times*, regards them as the cause of the bronchial spasm in asthma. He advises asthmatic patients to inhale a solution of common salt and carbonate of soda, for the purpose of dissolving the crystals and preventing their formation.

LADY MEDICAL STUDENTS.—It appears that out of four hundred students attending the University at Zurich, no less than eighty are ladies. Most of them are medical students, and, what is strange, most from Russia.—*The Doctor.*

Book Reviews.

Diseases of the Throat. A Guide to the Diagnosis and Treatment of Affections of the Pharynx, *Æsophagus*, Trachea, Larynx and Nares, by J. Solis Cohen, M. D. Wm. Wood & Co., Publishers, New York. For sale by Jansen, McClurg & Co., Chicago.

This is a handsome volume of five hundred and eighty pages, numerously illustrated with wood cuts.

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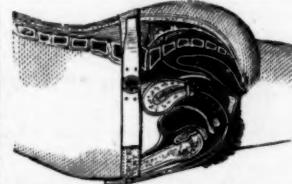
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